UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 _ JUNE 5, 2013 For use by candidates and new employees	2013 JU	64. A ; 64.4
	U.S. HOUGE OF RE	į
Name: BRYAN D. SMITH Daytime Telephone:	10/1	
	(Office Use Only)	_
Filer X Candidate for the State: IDAHO Date of Library Check if Election: 1104/2014 Amendment		
Status New officer or Employing Office:	more than 30 days late.	
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes X No II. Did you hold any reportable positions on of filing in the current calendar year or in the if yee, complete and attach Schedule IV.	positions on or before the date year or in the prior two years? Yes X chedule IV.	8
II. Did you, your spouse, or a dependent child receive "unearmed" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes X No III yes, complete and attach Schedule V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	arrangement Yes 🔲	No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes, complete and attach Schedule III. VI. Did you receive compensation of more the single source in the two prior years? If yes, complete and attach Schedule VI.	ion of more than \$5,000 from Yes X chedule VI.	8 □
Each question in this part must be answered and the appropriate schedule attached for	ttached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH	EACH OF THESE QUESTIONS	NS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	inot be Yes 🔲	No X
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or flabilities of a spouse or obecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	a spouse or dependent child Yes	ĕ ×

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name BRYAN D. SMITH

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: Military pay (such as	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	ceived under the Social	Security Act.
		Type	Amount	unt
	Source (include date of receipt of nonoralia)	1700	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	TX	Salary	\$6,300	\$28,450
7	, TX	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Ch	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Schools	Spouse Salary	NA	NA
SDA INC., IDAHO FALLS, ID		BUSINESS SALARY	\$45,833	\$81,980
BEARSTONE BEARS, IDAHO FALLS, ID)	SPOUSE SALARY	N/A	N/A
DIVERSIFIED EQUITY SYSTEMS, IDAHO FALLS, ID	10 FALLS, ID	BUSINESS INCOME	\$52,396	\$32,413
BRYAN D. SMITH PROFESSIONAL CORP., IDAHO FALLS, ID	RP., IDAHO FALLS, ID	BUSINESS INCOME	\$38,100	\$234,651
DOCUSERVE LLC, IDAHO FALLS, ID		BUSINESS INCOME	\$72,151	\$ 2,207
			,	

SCHEDULE II-ASSETS AND "UNEARNED" INCOME

HEDULE II — ASSETS AN	EDULE II — ASSETS AND "UNEARNED" INCOME		BRYAN D. SMITH	Page 3 of9
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HONEYCREEK LAVENDER FARMS (FARMING) - IDAHO FALLS, ID	HONEYCREEK LAVENDER FARMS (FARMING) - IDAHO FALLS, ID	RENTAL PROPERTY - 414 SHOUP AVE, IDAHO	CATALYST ENERGY 2010-2 LP (OIL & GAS) - PITTSBURGH, PA	ATLAS RESOURCES PUBLIC 18 2009 C LP (GAS & Of DRILLING) - UNIONTOWN, OH	ATLAS RESOUCES PUBLIC 18 2009 B LP (GAS & OIL DRILLING) - UNIONTOWN, OH		Examples: Simon & Schuster	SP Maga Corp. Stock	on in Block A. de: Your pers s and vacation e during the re 5,000 or less 5,000 or less from, a ledd yift Savings Pit so choose, yi so choose, so polyonal column detailed discus refer to the in	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	account that exceeds the reporting thresholds. For rental or other real property hald for investment, provide a complete address or a description, e.g., rental property," and the city and state.	Provide complete names of stocks and mutual funds. (do not use ticker symbols). For all IRAs and other retirement plens (such as 401(k) plens) provide the value for each asset held in line.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) eny other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
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	23:54		* 3	F		7.	10	-	\$100:001-51,000:000	ä	I	Check "None" if no income was earned or generated. iumn is for income derived from assets solely held by your dependent child.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as		
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed) 8 Ę S. ING USA ANNUITY & LIFE INSURANCE CO (IRA) -DES MOINES, IA ING USA ANNUITY & LIFE INSURANCE CO (IRA) : DES MOINES, IA - BONDS - SM/MID/SPECIALTY STOCKS MEDICAL RECOVERY SERVICES LARGE CAP STOCKS **GLOBAL STOCKS** Asset and/or Income Source BLOCK A None × 15 ... 150 CACCAGO \$1-\$1,000 Φ, × × \$1,001 - \$15,000 Ö **注的** \$15,001-\$50,000 O Value of Asset m \$50,001 - \$100,000 BLOCK B \$100,001 - \$250,000 O \$250,001 -- \$500,000 2.20 \$500,001 - \$1,000,000. \$1,000,001 - \$5,000,000 \$5,000,000 - \$25,000,000 × \$25,000,001 - \$50,000,000 Over \$50,000,000 3 Spouse/DC Asset over \$1,000,000* NONE A DIVIDENDS Type of Income RENTS A Second INTEREST BLOCK C Carlo M CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED · ×. Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) None: X 2344 84 X × Name \$1 - \$200 \$201 - \$1,000 BRYAN D. SMITH \$1,001 - \$2,500 **Current Year** 35 \$5,001 - \$15,000 \$15,001 - \$50,000. \$50,001 - \$100,000 200 \$100.00#\$\$1,000,000# × 学者 Amount of income \$1,000,001 - \$5,000,000 Over \$5,000,000 BLOCK D *5 經費性 \$1 -- \$200 \$201 - \$1,000 : See See \$), D Preceding Year \$1,001 - \$2,500 \$2.501.-\$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 COMP. \$50,001 - \$100,000 \$100;001:-\$1;000,000 . 9 \$1,000,001 - \$5,000,000 Over \$5,000,000? Comment. : X Spause/DC Income over \$1,000,000*

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PRUDENTIAL (IRA-100% NUTUAL FUNDS) PHILADELPHIA, PA

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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SCHEDULE III — LIABILITIES

Name BRYAN D. SMITH Page 6 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

١							Amount of Liability	t of Liak	Ŋ		
SP,		Date Liability		. A	0	٥	III TI	6			
ងខ្ល	Creditor	incurred mo/year	Type of Liability	\$15,001 \$15,000 \$15,001	\$50,000 \$60,000 \$100,000	\$100,001 \$250,000	\$250,001— \$500,000 \$500,001— \$1,000,000	\$1,000,001 \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001 \$80,000,000 Over \$50,000,000	Spouse/DC Elebility over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	*		×				#: A	1
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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

and positions solety of an incliniary mainter	AKU G.
Position	Name of Organization
PARTNER	ATLAS RESOURCE PUBLIC 18 2009 B LP
PARTNER	CATALYST ENERGY
PARTNER	HONEYCREEK LAVENDER FARMS
PARTNER	MEDICAL RECOVERY SERVICES
OFFICER	SDA INC.

SCHEDULE III — LIABILITIES

Name BRYAN D. SMITH

Page 7 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-ling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

;		Date		АВ	ි ර ි D	Amount	Amount of Liability	- [
5 <u>8</u> ,	Creditor	Incurred mo/year	Type of Liability	\$15,001— \$15,001— \$50,000	\$50,001— \$100,000 \$100,001— \$250,000	\$250,001— \$500,000 \$500,001— \$1,000,000	\$5,000,001— \$5,000,001— \$5,000,000	\$25,000,001 \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	April 1	601 0406			
	N/A							
				7 7 7				· 森·

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

and positions solely or an individity hadres	igici o.
Position	Name of Organization
MANAGER	DIVERSIFIED EQUITY SYSTEMS
OFFICER	BRYAN D. SMITH PROFESSIONAL CORP.
OFFICER	DOCUSERVE LLC.
MANAGER	RENTAL PROPERTY - 414 SHOUP AVE.

SCHEDULE V - AGREEMENTS

Name BRYAN D. SMITH Page ____ of ___

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	NA	

SCHEDULE VI -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

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Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Homelown, Homestate	Accounting services
SEE ATTACHMENT #1	

Attachment #1

Schedule VI – Compensation of \$5,000 Paid by One Source

Name	Address	Duties
Amerimed Billing	Pocatello, ID	Legal services
Doyle Beck	Idaho Falls, ID	Legal services
BECO Construction	Idaho Falls, ID	Legal services
Neil Brown	Idaho Falls, ID	Legal services
Century Contractors, Inc.	idaho Falls, ID	Legal services
Community Care	Idaho Falls, ID	Legal services
Cooper Norman	idaho Falls, ID	Legal services
Credit Bureau of Eastern Idaho, Inc.	Rexburg, ID	Legal services
Eagle Farms	idaho Fails, ID	Legal services
Gerald Firkins	Idaho Falls, ID	Legal services
Scott Gray	idaho Falls, ID	Legal services
JAL Contracting	Idaho Falls, ID	Legal services
Gary and Roberta Lemarr	Soda Springs, ID	Legal services
Brian McKinney	Idaho Falls, ID	Legal services
Medical Recovery Services, LLC	Idaho Falls, ID	Legal services
Danny Miller/Highway 101 Investments	idaho Falls, ID	Legal services
Dean Rasmussen	Ammon, ID	Legal services
Snake River Equipment Company	idaho Falls, ID	Legal services
Richard Swendsen Trust	Idaho Falis, ID	Legal services
Sean M. Swendsen	Idaho Falls, ID	Legal services
The Watkins Company	Idaho Falls, ID	Legal services
Liz Yasaitis	Idaho Falls, ID	Legal services
Zurich Insurance Company	West Sacramento, CA	Legal services